

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A NAME & PHONE OF CONTACT AT SUBMITTER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141			
B E-MAIL CONTACT AT SUBMITTER (optional) uccfilingreturn@wolterskluwer.com			
C. SEND ACKNOWLEDGMENT TO (Name and Address) 17819 - BANC OF <table border="1" style="width: 100%;"> <tr> <td style="width: 60%;">Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071</td> <td style="width: 40%; text-align: center;">102684589 RIRI</td> </tr> </table>		Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	102684589 RIRI
Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	102684589 RIRI		
File with: Secretary of State, RI SEE BELOW FOR SECURED PARTY CONTACT INFORMATION			

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1 DEBTOR'S NAME Provide only one Debtor name (1a or 1b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name). If any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a ORGANIZATION'S NAME REBUILDERS AUTOMOTIVE SUPPLY CO., INC.				
OR	1b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c MAILING ADDRESS 1650 FLAT RIVER ROAD		CITY COVENTRY	STATE RI	POSTAL CODE 02816
			COUNTRY USA	

2 DEBTOR'S NAME Provide only one Debtor name (2a or 2b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name). If any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a ORGANIZATION'S NAME				
OR	2b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
2c MAILING ADDRESS		CITY	STATE	POSTAL CODE
			COUNTRY	

3 SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY) Provide only one Secured Party name (3a or 3b)

3a ORGANIZATION'S NAME Banc of America Leasing & Capital, LLC				
OR	3b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c MAILING ADDRESS 125 Dupont Drive		CITY Providence	STATE RI	POSTAL CODE 02907
			COUNTRY USA	

4 COLLATERAL This financing statement covers the following collateral.

The collateral is certain goods generally described in Exhibit A, and more particularly described or referred to as the Equipment subject to Equipment Security Note No. 006 to Master Loan and Security Agreement No. 21362-70000, dated June 24, 2010, in which the Debtor now or hereafter has rights, together with: (i) all parts, attachments accessories and accessions to, and all substitutions and replacements for, such goods; (ii) all accounts, chattel paper, and general intangibles arising from or related to any sale, lease, rental or other disposition of such goods to third parties, or otherwise resulting from the possession, use or operation of such goods by third parties, including instruments, investment property, deposit accounts, letter of credit rights, and supporting obligations arising thereunder or in connection therewith; (iii) all insurance, warranty and other claims against third parties with respect to such goods (including claims for rent upon any lease of such goods); (iv) all software and other intellectual property rights used in connection therewith; (v) proceeds of all of the foregoing, including proceeds in the form of goods, accounts, chattel paper, documents, instruments, general intangibles, investment property, deposit accounts, letter of credit rights and supporting obligations, and (vi) all books and records regarding the foregoing.

5 Check only if applicable and check only one box. Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions) being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box

Public Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box

Agricultural Lien Non-UCC Filing

7 ALTERNATIVE DESIGNATION (if applicable) Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Baor Licensee/Licensor

8 OPTIONAL FILER REFERENCE DATA

102684589

Exhibit A

to

21362-70000-006

1. **Equipment Financed; Equipment Location; Grant of Security Interest.** Subject to the terms and provisions of the Master Agreement and as provided herein, Lender is providing financing in the principal amount described in Section 2 below to Borrower in connection with the acquisition or financing of the following described Equipment

<u>Quantity</u>	<u>Description</u>	<u>Serial Number</u>	<u>Cost</u>
3	PowerEdge R660	N/A	\$9,409.24
		N/A	\$9,409.24
		N/A	\$9,409.24
2	Tailor Made PowerStore 500T (W/ Dell EMC AppSync)	N/A	\$69,777.70
		N/A	\$69,777.71
2	PowerSwitch S5212-ON	N/A	\$9,475.35
		N/A	\$9,377.35

Location of Equipment The Equipment will be located or (in the case of over-the-road vehicles) based at the following locations:

<u>Location</u>	<u>Address</u>	<u>City</u>	<u>County</u>	<u>State</u>	<u>ZIP</u>
A	1650 Flat River Road	Coventry	Kent	RI	02816